

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155695		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/16/2012	
NAME OF PROVIDER OR SUPPLIER RIVERSIDE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 W FRANKLIN ST ELKHART, IN 46516			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 10/16/12</p> <p>Facility Number: 003075 Provider Number: 155695 AIM Number: 200364160</p> <p>Surveyor: Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Quality Assurance Walk-thru survey, Riverside Village was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility with a partial basement was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, and areas open to the corridors as well as a combination of 26 battery operated and 22 hard wired smoke detectors in the resident rooms. The facility has a capacity of 93 and had a census of 81 at the time of this visit.</p> <p>The facility was found not in compliance with state law in regard to sprinkler</p>			K0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and request a desk review certification of compliance on or after 11/22/12.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/14/2012
FORM APPROVED
OMB NO. 0938-0391

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	<p>coverage and in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered, except two exterior canopies. All areas providing facility services were sprinklered, except the elevator equipment room and the enclosed extension room in the basement and one detached shed providing facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/29/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule was not met as evidenced by:</p> <p>1. Based on observation and interview, the facility failed to provide sprinkler coverage for 2 of 4 combustible exterior canopies which were each wider than 4 feet. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under combustible exterior roofs or canopies exceeding 4 feet in width. This deficient practice could affect all</p>		K9999	<p>K9999 It is the practice of this facility to ensure that the environment and physical standards are in compliance with Federal and State regulations. <i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i> No resident was found to be affected by this practice. <i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</i> All residents have the potential to be effected by this practice. <i>For corrective action Riverside Village has contracted with P.I.P.E., Inc. to install a sprinkler in the existing elevator equipment room, and the three outside canopy areas. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i> Sprinklers are being installed in the existing elevator room and the three outside canopy areas. <i>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</i> To ensure compliance with these corrective</p>		11/22/2012	

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	<p>residents and staff.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Maintenance on 10/16/12 between 10:30 am and 10:45am., the canopy at the North East entrance as well as the Central East entrance to the facility each extended more than four feet from the building were not provided with automatic sprinklers. The North East canopy was constructed of wood construction that extended over 6 feet, as well as the second Central East canopy of wood construction that extended 5 feet from the building . These measurements were provided by the Director of Maintenance.</p> <p>2. Based on observation and interview, the facility failed to ensure complete coverage was provided for 1 of 1 enclosed extension areas of the basement employee break room in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. This deficient practice could affect any employee near the employee break room.</p>				<p>actions, the Maintenance Director will monitor any area that may be added to the facility to assure sprinkler heads are added according to regulation. By what date the systemic changes will be completed: Compliance Date: 11/22/12.</p>		

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	<p>Findings include:</p> <p>Based on an observation with the Director of Maintenance on 10/16/12 at 11:30 a.m., the enclosed extension room area created off of the employee basement break room lacked sprinkler protection. The room measured thirty two feet by five feet. These measurements were provided by the Director of Maintenance at the time of observation.</p> <p>3. Based on observation and interview, the facility failed to have a complete automatic sprinkler system installed in 1 of 1 elevator equipment rooms. This deficient practice could affect any Employee in the lower level near the elevator equipment room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 10/16/12 at 11:40 p.m., the elevator equipment room for the elevator lacked sprinkler coverage. This was confirmed by the</p>						

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	Maintenance Supervisor at the time of observation. 3.1-19(ff) 3.1-19(b)						